

FILED SEP 15 1945 STANDARD CERTIFICATE OF DEATH

State File No.

2178

Registration District No. 317

Primary Registration District No. 6076

Registrar's No.

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis, Mo
 (c) Name of hospital or institution: Robert Wood Hospital
 (d) Length of stay: In hospital or institution 299 years 9 days
 In this community 21 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County COO
 (c) City or town St Louis
 (d) Street No. 4948 Southwest
 (e) Citizen of foreign country? no

3. (a) PRINT FULL NAME CAESAR CARVAGHI

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No.

20. DATE OF DEATH: Month Sept day 2 year 1945 hour 9 minute - A.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

21. I hereby certify that I attended the deceased from 11-3 1944 to 9-2 1945 that I last saw him alive on 9-2 1945 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 16 years

Immediate cause of death Pulmonary Tuberculosis

7. Birth date of deceased September 16 1872

Duration 1 year

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>24</u>	hr. min.

Due to 134

9. Birthplace Italy Italy

Due to 134

10. Usual occupation none

Other conditions Lymphatic leukemia

11. Industry or business

PHYSICIAN

12. Name Joseph Carvagi

Major findings: Of operations

13. Birthplace Italy

Of autopsy

14. Maiden name Louise Meilo

15. Birthplace Italy

16. (a) Informant Robert Wood Hospital Records

17. (a) burial (b) Date thereof Sept 11 1945

18. (a) Signature of funeral director Gary A. Calabretta

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) If injury occurred in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) (e) Means of injury

(b) Address 5142 Deger Hill Ave

3. Signature R. Engelman M.D.

19. (a) 9-8-45 (b) C. E. McFarman

Address Robert R. Cook, St. Louis Date signed 9/2/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

16
00
100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Ogonski

Licensed Embalmer No.....

3398

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.